

DECLARATION AND POWER OF ATTORNEY - ORIGINAL APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below beneath my name:

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which Letters Patent is sought on the invention entitled

DETACHABLE ADAPTOR FOR GLASSES

the specification of which X is attached hereto
(check one) was filed on
as Application S.N.
and was amended on

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by an amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International Application which designated at least one country other than the United States, listed below and have also identified below any foreign application for patent or invention certificate, or a PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)		Priority Claimed	
<u>20-2003-0014971</u>	<u>KR</u>	<u>15 MAY 2003</u>	<u>X</u>
(Number)	(Country)	(Day/Month/Year Filed)	YES NO
<u> </u>	<u> </u>	<u> </u>	<u> </u>
(Number)	(Country)	(Day/Month/Year Filed)	YES NO

I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below:

(Application Ser. No.)

(Filing Date)

(Application Ser. No.)

(Filing Date)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s), or §365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT International application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

(Application Ser. No.)

(Filing Date)

(Status)

(patented, pending, abandoned)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

B. Edward Shlesinger, Jr., Reg. No. 17,225; Josefino P. de Leon, Reg. No. 33,166; Terrence L. B. Brown, Reg. No. 32,685; Michael M. Zadrozny, Reg. No. 30,985; and Brian J. Marton, Reg. Agent 30,292;

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The undersigned hereby authorizes the U.S. attorney(s) or agent(s) named herein to accept and follow instructions from _____ as to any action to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorney(s) or agent(s) and the undersigned. In the event of a change in the persons from whom instructions may be taken, the U.S. attorney(s) or agent(s) named herein will be so notified by the undersigned.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that the statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

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Inventor's signature _____ Date _____
Residence _____
Citizenship _____
Post Office Address _____